Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain

OMB No 1545-1150

controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Inspection

A	Fort	the 2012 ca	lendar year, or tax year beginning , 2012, and ending	,				
В	Check	if applicable		Employer is	dentification number			
<u> </u>		ss change	95-3341520					
 	Initial	change	E Telephone number					
<u> </u>	Termi		(760)	632-3600				
-		ded return	F Group Exemption					
		ation pending		Number	kemption ►			
G	Acco	ounting Met	hod Cash X Accrual Other (specify) ► H Check ►	X if the	organization is not			
ı	Web	site: 🟲 N	/A required t	to attach	Schedule B (Form			
J	Tax-e	Tax-exempt status (check only one) —						
K (%)	norm instr	ostcard) n	gross receipts are nay be required (see					
26i			c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		738.			
Pa	ırt I	/	ie, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions f				
9			the organization used Schedule O to respond to any question in this Part I		X			
JUL	1		ons, gifts, grants, and similar amounts received	1	738.			
_	2	•	service revenue including government fees and contracts	2				
	3		nip dues and assessments	3				
¥	4	Investmer		4				
Ī	1		ount from sale of assets other than inventory 5 a	_				
Ϋ́	5	Less cos	t or other basis and sales expenses 5 b	<u> </u>				
SCANNED	ı	Gain or (loss): Gaming a	5 c					
R	a Gross income from gaming (attach Schedule G if greater than \$15,000).							
Ž	b	Gross ince	ome from fundraising events (not including \$ of contributions					
*******		from fund of such gr	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000).					
	c	: Less dire	ct expenses from gaming and fundraising events 6 c					
	d	Net incom	6 d					
	7 a	Gross sale	es of inventory, less returns and allowances 7a		-			
	b	Less cost	t of goods sold 7 b	7				
	c	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c				
	8	Other reve	enue (describe in Schedule O)	8				
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	738.			
	10	Grants an	d similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	134,000.			
	11	Benefits p	paid to or for members RECEIVED	11				
E	12	Salaries,	other compensation, and employee benefits	12				
P	13	Profession	nal fees and other payments to independent to the state of the state o	13	6,176.			
EXPENSES	14	Occupano	14					
Ě	15	Printing, p	15					
3	16	Other exp	16					
	17		enses (describe in Schedule O) enses. Add lines 10 through 16 OGDEN, UT	17	140,176.			
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	-139,438.			
ASSET'S	19	Net assets	ar 19	299,035.				
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	= /			
	21	Net assets	► 21	159,597.				
ВА		r Paperwor		Form 990-EZ (2012)				

BAA TEEA0812L 03/14/13 Form 990-EZ (2012)

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V				
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'				
34	provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		X	
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х	
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		х	
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b			
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a N/A D Did the organization file Form 1120-POL for this year?	37 b			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X	
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A				
39	Section 501(c)(7) organizations Enter				
a	Initiation fees and capital contributions included on line 9				
t	Gross receipts, included on line 9, for public use of club facilities 39b N/A				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 N/A, section 4912 N/A, section 4955 N/A				
k	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported				
,	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I : Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	40 b			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		:	1	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X	
42 a	The organization's books are in care of NANCY HALEY Located at 330 ENCINITAS BLVD #101, ENCINITAS, CA Telephone no (760) ZIP + 4 92024	632·		0	
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X	
	If 'Yes,' enter the name of the foreign country ►				
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts : At any time during the calendar year, did the organization maintain an office outside of the US?	42 c	-	X	
	If 'Yes,' enter the name of the foreign country ►	L. 1	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	1	► [N/A N/A No	
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X	
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b]	
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X	
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d]	
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X	

rorm s	99U-E	2 (2012) SAN DIEGO ASSOCIATI	ON OF REALTORS	S- IMPAC	95-334	11520	,	rage 4	
		ne organization engage, directly or indire		ign activities on behalf c	of or in opposition to		Yes		
		dates for public office? If 'Yes,' complete				46		X	
Part	<u>VI</u>	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ns must answer q		d 52, and complete	the table	es		
		Check if the organization used Schedul	e O to respond to any	question in this Part VI				لل	
47 D	Oid th	e organization engage in lobbying activities lete Schedule C, Part II	or have a section 501(h)) election in effect during	the tax year? If 'Yes,'	47	Yes	No	
48 ls	s the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E.	48			
		ne organization make any transfers to an	•	e related organization?		49 a			
		s,' was the related organization a section	_			49 b		<u> </u>	
50 C	Comp emplo	lete this table for the organization's five high yees) who each received more than \$100,00	nest compensated emplo 00 of compensation from	oyees (other than officers, In the organization If there	directors, trustees and ke is none, enter 'None'	∋ y			
		(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com			
							•		
					· · ·				
						· · · · · -			
		number of other employees paid over \$1							
51 C	Compl	lete this table for the organization's five high ensation from the organization. If there is	nest compensated indepens s none, enter 'None'	endent contractors who ea	sch received more than \$	100,000 of			
		ame and address of each independent contractor paid		(b) Type (of service	(c) Comp	ensatio	n	
						·			
4 T	otal	number of other independent contractors	each receiving over \$	100.000					
52 D	old th	number of other independent contractors ie organization complete Schedule A? N o able trusts must attach a completed Sch	ote: All section 501(c)(47(a)(1) nonexempt	► ☐ Yes			
		s of perjury, I declare that I have examined this return and complete Declaration of graparer (other than office		dules and statements, and to the	e best of my knowledge and bel				
rue, con	ect, a	S compete Secial and the Compete Secial and t	771V 11 X	or which preparer has any known	111261	19			
Sign		Signature of official Date			Date				
Here		NANCY HALEY		-	ASST TREASURER				
		Type or print name and title	Pldada e Canalus	Detail 0	A 0.040 - IP	TIN			
		Print/Type preparer's name	Plepater, signature	→ JUN 2	/U cbal ck		2		
Paid		Firm's name SCOTT & CRONIN	I.I.P	<u> </u>	self-employed P	0016394			
Prepar Use Or		Firm's address > 330 ENCINITAS BO			Firm's EIN ►	33-0749	329		
		ENCINITAS, CA 92			Phone no (76			<u> </u>	
May th	e IRS	S discuss this return with the preparer sh	lown above? See instri	uctions		► X Yes		No	

Form **990-EZ** (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number						
SAN DIEGO ASSOCIATION OF REALTORS- IMPAC	95-3341520						
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE							
THE PURPOSES OF THE CORPORATION ARE: (A) TO PROMOTE AND STRIVE	FOR THE IMPROVEMENT						
OF GOVERNMENT BY ENCOURAGING AND STIMULATING REALTORS TO TAKE A	MORE ACTIVE AND						
EFFECTIVE PART IN GOVERNMENTAL AFFAIRS, AND (B) TO SUPPORT OR C	PPPOSE STATE AND						
LOCAL BALLOT MEASURES AND CITY, COUNTY, SCHOOL, SPECIAL AND OTH	ER DISTRICT						
LEGISLATION, ORDINANCES, AMENDMENTS, POLICY STATEMENTS AND RESC	LUTIONS_THAT_HAVE						
IMPACT ON REAL PROPERTY IN CALIFORNIA AND TO CARRY ON OTHER GRA	SS ROOTS LOBBYING						
AND EDUCATIONAL EFFORTS RELATED THERETO.							

. . **SCHEDULE O - SUPPLEMENTAL INFORMATION** 2012 **CLIENT 1890P** SAN DIEGO ASSOCIATION OF REALTORS-IMPAC 6/20/13 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000** CLASS OF ACTIVITY: BALLOT MEASURE SUPPORT DONEE'S NAME: REPUBLICAN PARTY OF SAN DIEGO COUNTY DONEE'S ADDRESS: 16935 W BERNARDO DR STE 208 SAN DIEGO, CA 92127 CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: BALLOT MEASURE SUPPORT LINCOLN CLUB OF SAN DIEGO COUNTY 7185 NAVAJO ROAD STE P SAN DIEGO, CA 92119 CASH AMOUNT GIVEN: \$

PAGE 2

95-3341520

89,000.

45,000.

02 05PM

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

				1				
If you a	re filing for an Automatic 3-Month Extension, co	omplete only	Part I and check this box		<u>► X</u>			
If you a	re filing for an Additional (Not Automatic) 3-Moi	nth Extensio	n, complete only Part II (on page 2 of th	is form)				
Do not com	nplete Part II unless you have already been gran	ted an autom	natic 3-month extention on a previously f	iled Form 8868				
corporation equest an e Associated	filing (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in Pa With Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and click	ot automatic) rt I or Part II v must be sent) 3-month extension of time. You can ele vith the exception of Form 8870, Information to the IRS in paper format (see instruct	ectronically file Form Return for Transfers	8868 to			
Part I	Automatic 3-Month Extension of Tim	e. Only sul	bmit original (no copies needed).					
A corporation	on required to file Form 990-T and requesting ar	automatic 6	-month extension — check this box and	complete Part I only				
All other co income tax	rporations (including 1120-C filers), partnerships returns	s, REMICs, a	·					
			Enter filer's identi	fying number, see in				
T	Name of exempt organization or other filer, see instructions			Employer identification nu	mber (EIN) or			
Type or print	SAN DIEGO ASSOCIATION OF REALTORS - IMPAC Number, street, and room or suite number If a P O box, see instructions Social							
File by the due date for			Social security numb	ei (33i 1)				
iling your eturn See	4845 RONSON COURT							
nstructions	SAN DIEGO, CA 92111							
	eturn code for the return that this application is	for (file a ser	parate application for each return) Application		01 Return			
Application s For		Code	Is For		Code			
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)		07			
orm 990-B	L	02	Form 1041-A		08			
Form 4720 (ı	individual)	03	Form 4720		09			
orm 990-P	F	04	Form 5227		10			
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11			
orm 990-T	(trust other than above)	06	Form 8870		12			
Telephor If the or If this is check the exte	ension is for est an automatic 3-month (6 months for a corporation	ir digit Group check this b n required to	e United States, check this box Exemption Number (GEN) ox I and attach a list with the na	this is for the whole mes and EINs of all i	3 1- 1			
	8/15 , 20 13 , to file the exempt organization's return for	ganization re	turn for the organization named above					

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3 c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

X calendar year 20 12 or tax year beginning , 20 , and ending , 20 Initial return

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return

X calendar year 20 12 or

Change in accounting period

Final return